

7 Kimdonn Drive www.downsmotorsportclub.com.au

WITHCOTT QLD 4352 e-mail: bbpaynter@gmail.com

**New / Renewal APPLICATION FOR MEMBERSHIP**

SURNAME: ……………………………………………………………………………………………………………………………………

ADDRESS: ……………………………………………………………………………………………………………………………………..

TOWN: ……………………………………………………………………………………………………POST CODE:…………………

How do you wish to receive information: E-mail: Post: Both e-mail & Post

**Choose 1 Class per member**: Class 1 A (Competitor) Adult: Class 1 A (Competitor) Junior: Class 1 B (Competitor) Adult and Junior One Event Membership: Class 2 A (Non-Competitor) Adult/Junior: Class 2 B (Non-Competitor) Special Vehicle Registrations

**Member 1:**

CHRISTIAN NAME:………………………………………………………………………………… DOB:…………………………….

HOME PHONE:……………………… MOBILE PHONE:……………………. E-MAIL ADDRESS:……………………………………

**MEMBERSHIP**: competitor / non competitor **CLASS** 1A (Adult/Jnr): 1B: 2A: 2B

**Member 2:**

CHRISTIAN NAME:………………………………………………………………………………… DOB:…………………………….

HOME PHONE:……………………… MOBILE PHONE:……………………. E-MAIL ADDRESS:……………………………………

**MEMBERSHIP**: competitor / non competitor **CLASS** 1A (Adult/Jnr): 1B: 2A: 2B

**Member 3:**

CHRISTIAN NAME:………………………………………………………………………………… DOB:…………………………….

HOME PHONE:……………………… MOBILE PHONE:……………………. E-MAIL ADDRESS:……………………………………

**MEMBERSHIP**: competitor / non competitor **CLASS** 1A (Adult/Jnr): 1B: 2A: 2B

**Member 4:**

CHRISTIAN NAME:………………………………………………………………………………… DOB:…………………………….

HOME PHONE:……………………… MOBILE PHONE:……………………. E-MAIL ADDRESS:……………………………………

**MEMBERSHIP**: competitor / non competitor **CLASS** 1A (Adult/Jnr): 1B: 2A: 2B

**Member 5:**

CHRISTIAN NAME:………………………………………………………………………………… DOB:…………………………….

HOME PHONE:……………………… MOBILE PHONE:……………………. E-MAIL ADDRESS:……………………………………

**MEMBERSHIP**: competitor / non competitor **CLASS** 1A (Adult/Jnr): 1B: 2A: 2B

**FEES – Membership is from 1 January to 31 December Class 1A Adult $35.00 x …….members**

 **Class 1A Junior (up to 18yo) $25.00 x ……..members**

 **(Family membership 2 Adult Competitors only) FAMILY Membership $75.00 x ……..members**

 **Class 2A $10.00 x …..…members**

 **Class 2A Jnr $5.00 x……..members**

 **Class 1B Adult/Jnr $20.00 x ……..members**

 **Class 2B $ 150.00 x ……..members**

 **LIFE membership $nil x ……..members**

**Please see reverse for privacy statement & Signature Membership Fee Total $........................**

PLEASE INDICATE WHAT TYPE OF ACTIVITIES YOU ARE INTERESTED IN

STREET SPRINT EVENTS… as a COMPETITOR WORKER

 DIRT EVENTS ………………as a COMPETITOR WORKER

OFFICIAL DUTIES

PRIVACY STATEMENT

Your personal information privacy is important to the Club. DMC respects your right to be aware of who has information about you, what they are doing with it and why, and who else they are sharing it with. The Club has adopted a privacy compliance culture that cements this relationship with you. Its foundation is the new private sector privacy laws (Commonwealth Privacy Act 1988 as amended)

Information is collected about you to provide you with the service you require. Types of information collected and handled include identity and contact details. Our use of this information is dictated by you. The Club will not use or disclose this information for a purpose unrelated to motor sport. The club will safeguard information we hold about you.

DO YOU AGREE TO HAVE YOUR NAME PASSED TO OTHER MOTOR SPORT CLUBS FOR THE PURPOSE OF

RECEIVING INFORMATION ABOUT EVENTS THEY MAY HOLD YES NO

I, the above named, hereby make application for new/renewal membership with the DOWNS MOTORSPORT CLUB INC

SIGNATURE OF APPLICANT: (OR ONE FAMILY MEMBER)………………………………………………….DATE

**PAYMENT DETAILS -** Please tick method of payment:

 Cheque: Cash: DirectCredit

Direct Credit Details: ANZ Bank, 367 Ruthven Street Toowoomba

BSB: 014-720 Account Number: 205222539 Reference: Your name & “m/ship”

Form can be e-mailed to **bbpaynter@gmail.com**

**FOR NEW MEMBERS ONLY**

APPLICANTS PROPOSER. APPLICANTS SECONDER

APPROVED BY MGMT COMMITTEE DATE…../……/…… INITIALS (4)………………….………………….

**ALL MEMBERSHIP RENEWALS ARE DUE BY 1st JANUARY EACH YEAR**

**PLEASE ENSURE YOUR MEMBERSHIP REMAINS CURRENT BY RETURNING THIS FORM, TOGETHER WITH YOUR FEE TO THE ABOVE ADDRESS BY THIS DATE**

Office Use Only

DATE RECEIVED;……/………/…….RECEIPT NO;……………..…..……….…..